								pplication or Docket Number					
PATENT APPLICATION . CE DETERMINATION RECORD Effective October 1, 2000 0978356												60	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
π	OTAL CLAIMS	22.				R/	NTE	FEE	)	RATE	FEE		
FC	DR .	NUMBER FILED		NUMBER EXTRA		BAS	C FEE	355.00	OR	BASIC FEE	· 710.00		
TC	TAL CHARGEABL	22 minus 20=		· 2_		X	9=		OR	X\$18=	36·G		
INE	DEPENDENT CLAI	6 minus 3 =		· 3		x	10=		ОЯ	X80=	240		
WI	ILTIPLE DEPENDE	RESENT .					05		1	+270=	290		
• 11	the difference in	less than zero, enter "0" in column 2			olumn 2		35=		OR		486.		
	CLAIMS AS AMENDED - PART II						. 10	TAL	·	OR	TOTAL COTHER		
	•	(Column 1)		(Column 2) (Column 3)			SN	IALL	ENTITY	OR	SMALL		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER DUSLY	PRESENT EXTRA	. " R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S	Total -	22	Minus	•	22	= .	X	j &=	1/	i OR	X\$18=		
	Independent •	(e	Minus	***	6	-/_	· X	40=/	1	OR	X80=		
F	FIRST PRESENT	ULTIPLE DEPENDENT CL				1 1	35=		OR	(+270=			
				•	, *			TOTAL			YOYAL		
I	(Column 1) (Column 2) (Column 3)						ADDI	T. FEE	·	<b>J</b> - · · ·	ADDIT. FEE	·	
DIMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA	R	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
뛡	Total •	22	Minus	- d	2	- ()	X	9=		OR	X\$18≟		
AMEN	Independent •	10	Minus	*** /	0	- 9	X4	10=		OR	X80=		
1	FIRST PRESENT	ALIUN UF MU	JEHRUE DEP	ENDEN	COUNT		+1	<del></del> 35=	•	ОЯ	+270=		
1	••					•	<b></b>	OTAL		OR	YOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)				-			
ENTC		CLAIMS REMAINING AFTER AMENDMENT		High NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total •	22	Minus	• 6	72	8	XS	9=		OR	X\$18=		
NE SERVICE DE LA COMPANSION DE LA COMPAN	Independent •	6	Minus	***	0	=	X4	<b>10=</b>		OR	X80=		
卜	FIRST PRESENT	ration of Mu	JLTIPLE DEF	ENDEN	CLAIM			35=			+270=		
<b> </b> •	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL		
	If the "Highest Numb "If the "Highest Numb The "Highest Numbe	er Previously Pa	aid For IN THE	S SPACE	is less tha	in 3, enter "3."	- ADDI	OYAL I. FEE the ap	propriate bo		ADDIT. FEE		